

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2011 APR -4 PM 3:27
MIDDLE

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

MACIAS

NORMA

1. Office, Agency, or Court

Agency Name

CITY OF EL MONTE

Division, Board, Department, District, if applicable

EL MONTE CITY COUNCIL

Your Position

COUNCILWOMAN

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of LOS ANGELES

☒ City of EL MONTE

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/30/11

(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Norma Macias</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Los Angeles Community College

ADDRESS (Business Address Acceptable)

770 Wilshire Blvd. Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community Services Instructor

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's Income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Monica Garcia for Assembly

ADDRESS (Business Address Acceptable)

728 W. Edna Ave Covina, CA 91722

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Political Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's Income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Norma Macias</u>

► NAME OF SOURCE
ACE Alameda Corridor

ADDRESS (Business Address Acceptable)
4900 Rivergrade Road STA 12, Inwood

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political lobbying for Support DC.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 15, 10</u>	<u>\$ 200.00</u>	<u>Airfare</u>
<u>3, 15, 10</u>	<u>\$ 200.00</u>	<u>Hotel Accommodations</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Naleo 1122 West Washington, LA CA 90015

ADDRESS (Business Address Acceptable)
Training for newly Elected Officials

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 20, 10</u>	<u>\$ 200.00</u>	<u>Airfare</u>
<u>11, 20, 10</u>	<u>\$ 200.00</u>	<u>Hotel Accommodations</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Valley Vista Services

ADDRESS (Business Address Acceptable)
17445 E. Railroad St. Industry, 91746

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hosted Dinner for Contract Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05, 18, 10</u>	<u>\$ 39.00</u>	<u>Dinner</u>
<u>05, 18, 10</u>	<u>\$ 20.00</u>	<u>Pen</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Mark Shurgin, Festival Capri

ADDRESS (Business Address Acceptable)
9841 Airport Blvd, St. 700, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hosted Dinner for ICSC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, , 10</u>	<u>\$ 50.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Kinaga Olivarez

ADDRESS (Business Address Acceptable)
424 N. Lake Ave, Pasadena CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hosted Dinner for Contract Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 19, 10</u>	<u>\$ 50.00</u>	<u>Dinner</u>
<u>8, 9, 10</u>	<u>\$ 30.00</u>	<u>Lunch</u>
<u>10, 5, 10</u>	<u>\$ 50.00</u>	<u>Dinner</u>

► NAME OF SOURCE
Leon Garcia

ADDRESS (Business Address Acceptable)
1507 Latchford Ave, Hacienda Heights 91745

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 10</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u>3, 5, 10</u>	<u>\$ 25.00</u>	<u>Lunch</u>
<u>6, 10, 10</u>	<u>\$ 20.00</u>	<u>Lunch</u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>norma macias</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE <u>ACE Alameda Corridor</u>
ADDRESS (Business Address Acceptable) <u>4900 Rivergrade Road, Irwindale</u>
CITY AND STATE <u>Political lobbying for Project Support in R</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): <u>3/17/10 - 3/16/10</u> AMT: \$ <u>400.00</u> (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Airfare & Hotel</u>

▶ NAME OF SOURCE <u>NALED</u>
ADDRESS (Business Address Acceptable) <u>1122 West Washington, Los Angeles CA 90015</u>
CITY AND STATE <u>Training for Newly Elected Officials</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): <u>11/19/10 - 11/21/10</u> AMT: \$ <u>400.00</u> (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Airfare & Hotel</u>

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: _____